Account **DEPOSIT SLIP**

CIGNA Choice Fund® Health Savi	ngs Account DEPOSIT SLIF
HSA ACCOUNT NUMBER:	S
To locate your HSA account number, go to www.myCIGNA.com. HSA MEMBER NAME:	Make check payable to "CIGNA Choice Fund HSA". Mail your check and deposit slip to the mailing address provided at right. Do not send address changes or correspondence with your deposit.
Year in which contribution should be applied: 2 0 If you do not choose a year, it will be applied to the current tax year. Prior year contributions must be postmarked between January 1 and the applicable Federal tax return deadline (typically April 15).*	Deposits may not be available for immediate withdrawal. All items for deposit are subject to verification and account agreements and disclosures.
For additional deposit slips, go to www.myCIGNA.com or call HSA Customer Service at the phone number on your Cigna Member ID card. *This does not include extensions.	CIGNA
INC11520 10/10 [PO Box 21305]	
CIGNA Choice Fund® Health Saving HSA ACCOUNT NUMBER: 3 9 7	ngs Account DEPOSIT SLIF DOLLAR AMOUNT ENCLOSED: \$
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HSA MEMBER NAME: LAST NAME FIRST NAME MI Year in which contribution should be applied: 2 0 If you do not choose a year, it will be applied to the current tax year. Prior year contributions must be postmarked between January 1 and the applicable Federal tax return deadline (typically April 15).*	Mail your check and deposit slip to the mailing address provided at right. Do not send address changes or correspondence with your deposit. Deposits may not be available for immediate withdrawal. All items for deposit are subject to verification and account agreements and disclosures.
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DOLLAR AMOUNT ENCLOSED:								
\$								



CIGNA HEALTH SAVINGS ACCOUNT 21305 NETWORK PLACE PROCESSING CENTER

21305 NETWORK PLACE PROCESSING CENTER

CIGNA HEALTH SAVINGS ACCOUNT

CIGNA Choice Fund® Health Savings Account **DEPOSIT SLIP**

[PO Box 21305]

HSA ACCOUNT NUMBER:										
3	9	7								
To locate your HSA account number, go to www.myClGNA.com. HSA MEMBER NAME:										
LAST NA	ME				FIRST	NAME				MI

Customer Service at the phone number on your Cigna Member ID card.

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